

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND											
1 Date of Request: <u>3/2/05</u>		2 Serial/Patent # <u>09/996,462</u>									
3 Please refund the following fee(s):	4 PAPER NUMBER	5 DATE FILED	6 AMOUNT								
<input type="checkbox"/> Filing			\$								
<input type="checkbox"/> Amendment			\$								
<input checked="" type="checkbox"/> Extension of Time	<u>12/8/04</u>		\$ 510.00								
<input type="checkbox"/> Notice of Appeal/Appeal			\$								
<input type="checkbox"/> Petition			\$								
<input type="checkbox"/> Issue			\$								
<input type="checkbox"/> Cert of Correction/Terminal Disc.			\$								
<input type="checkbox"/> Maintenance			\$								
<input type="checkbox"/> Assignment			\$								
<input type="checkbox"/> Other			\$								
		7 TOTAL AMOUNT OF REFUND		\$ 510.00							
10 REASON:		8 TO BE REFUNDED BY:									
<input type="checkbox"/> Overpayment		<input type="checkbox"/> Treasury Check									
<input type="checkbox"/> Duplicate Payment		<input checked="" type="checkbox"/> Credit Deposit A/C #:									
<input checked="" type="checkbox"/> No Fee Due (Explanation):		9 <table border="1" style="display: inline-table; text-align: center; width: 150px;"> <tr><td>1</td><td>9</td><td>--</td><td>0</td><td>0</td><td>7</td><td>9</td></tr> </table>			1	9	--	0	0	7	9
1	9	--	0	0	7	9					
<u>Outside extendable period</u>											
11 REFUND REQUESTED BY:											
TYPED/PRINTED NAME: <u>Patricia Faison-Ball</u>		TITLE: <u>Attorney</u>									
SIGNATURE: <u>Patricia Faison-Ball</u>		PHONE: <u>2-3212</u>									
OFFICE: <u>Petitions</u>											
***** THIS SPACE RESERVED FOR FINANCE USE ONLY. *****											
APPROVED: <u>Alana Kelle</u>		DATE: <u>3/2/05</u>									

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: